DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: HEIGHT ADJUSTING DEVICE FOR CAR SEAT

the specification of which [check one(s) applic	able]					
was filed	was filed as PCT International Application No. PCT/JP2004/005718						
and was amended by A				(if applical	ble); [o r];		
is attached to this Dec	claration, Power of A	Attorney and Power t	o Inspect;				
that I have revi by any amendment referre		nd the contents of the	e above-identif	ied applicati	on, including th	he claims, as amended	
that I acknowl accordance with Rule 56(a		disclose information	which is mat	terial to the	examination	of this application ir	
CLAIM UNDER 35 U.S.C patent or inventor's certificate having a filing of	ificate listed below	and have also ider	ntified below a	any foreign			
Prior Foreign Application(s) Application No. Country		<u>Filing Date</u> Day - Mo - Year		<u>Priority Claimed</u> Yes – No			
							
2003-115956 Japan		21, 4, 2003			Yes.		
accredited representatives power to inspect SEND CORRESPONDENCE TO: DIRECT INQUIRIES TO: I hereby declare that all statements made helief are believed to be true; and further the		CUSTOMER NUMBER 000110 Vincent T. Pace Tel.: 215 Terein of my own knowledge are true an at these statements were made with the		KILLMAN, P.C. of Philadelphia, PA or its duly relating to this application. 15-563-4100 / Fax: 215-563-4044 and that all statements made on information and the knowledge that willful false statements and 201 of Title 18 of the United States Code and that			
such willful false statemer SOLE OR FIRST JOIN		the validity of the app	•	-	ed thereon. NTOR (if any)	
Full Name MASAM	I YOSH	IDA	Full Name				
First	Middle La	st		First	Middle	Last	
Signature Masa	mi Yoshi	da	Signature				
Date Octobe	er 31, 200	5	Date _				
Residence <u>Tochigi</u> City	JAPAN State or C		Residence _	City	State	or Country	
CitizenshipJA	APAN		Citizenship				
Post Office Address:			Post Office	Address:			
c/o Technical Cente	r, TS TECH Co.,	Ltd. 118-1,					
Oaza Ota, Takanez	awa machi, Shio	ya-gun,					
Tochigi 329-1217	JAPAN						
City	State or Cou	intry	City		State or 0	Country	